

277 North Winton Road					Date:	April 13, 2	2016	
		Rochester, NY			Job No.	TBD		
	Phone (585) 319-5608 Fax (585) 672-6212				Attention:	Air Comp	liance Branch (DECA - ACB)	*
					RE:	Watervliet B	BLDG 10 Engineering Abatement	
TO:	US EPA - Reg	gion 2, Division of Enforcement	& Compliance A	Assistance		Watervliet	t BLDG 10 Engineering Abatement	
	290 Broadway	- 21st Floor						
	New York, NY	Y 10007-1866						
							# 270 × 97 × 0.00	
WE AR	E SENDING	YOU: Attached		X FIRST CLASS MA	AIL The follow	ing items:		
	Shop Drawi	ings Change Ord	der	Prints	Plans		Specifications	
	Copy of Let	tter Samples		Contract	X EPA Notifi	cations		
	QTY	DATE				RIPTION		
	2	4/13/2016	Watervliet 1	BLDG 10 - Engineering	Flooring Aba	tement		
			1					
								200-00

THESE	ARE TRANS	SMITTED as checked bel	ow:					
	X For Approv	al		ResubmitCop	ies for Approva	1	Approved as Submitted	
	X For Your U	se		ResubmitCop	oies for distribut	ion	Approved as Noted	
	As Requeste	ed		X Return additional co	ppies		Returned for Corrections	
	For Review	and Comment		Returned for bid dep	oosit	-	FOR BIDS DUE	
Re	emarks:							
1	Please return	the attached copies, indic	ating receipt	, in the pre-posted enve	lope provided.			
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MINISTER ST		1	1					
S	igned:	Geoffrey Smith	w		CC: Project Fi	ile		
		President						

LETTER OF TRANSMITTAL

NOTIFICATION OF DEMOLITION AND RENOVATION

I. TACLUTY INFORMATION (Identify owner, removal contractor, and other operator)	Operator Project # TBD	Postmark		Date		Date Received		01	
OWNER NAME: Watervliet Arsenal Address: 1 Buffington Street City: Watervliet State: NY 21p: 12189 Contact: Connie Turner Tel: 518-266-4631 Contact: Connie Turner Tel: 518-266-4631 Contact: Contract Cerefine of Environmental Services, LLC City: Rochester State: NY 21p: 14610 Contact: Cereffrey Smith Tel: 585-319-5608 OTHER OPERATOR: Address: City: Sale Services, LLC Tel: 585-319-5608 City: Services Smith Tel: 585-319-5608 Tel: 585-319-5608 Tel: 585-319-5608 <th colspan<="" td=""><td>I. Type of Notification (O=Original I</td><td>R=Revised C=C</td><td>anceled)</td><td>Origina</td><td>al</td><td></td><td></td><td></td></th>	<td>I. Type of Notification (O=Original I</td> <td>R=Revised C=C</td> <td>anceled)</td> <td>Origina</td> <td>al</td> <td></td> <td></td> <td></td>	I. Type of Notification (O=Original I	R=Revised C=C	anceled)	Origina	al			
Address: 1 Buffington Street	II. FACILITY INFORMATION (Identif	y owner, remov	al contra	ctor, and o	ther operator)				
State: NY Zip: 12189	OWNER NAME: Watervliet Arser	nal							
Tell: 518-266-4631 Services Tell: 518-266-4631 Services	Address: 1 Buffington Street								
REMOVAL CONTRACTOR: Greenleaf Environmental Services, LLC	City: Watervliet State: NY Zip: 12189								
Address: 277 North Winton Road City: Rochester State: NY 219: 14610 Tel: 585-319-5608 Tel: 585-319-5609 Tel: 585-319-5609 <td colspan="8"></td>									
City: Rochester State; NY zip: 14610 Contact: Geoffrey Smith Tel: 585-319-5608 COTHER OPERATOR: Address: City: State: Zip: Contact: Tel: III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Rovation E=Emer. Renovation) IV. IS ASBESTOS PRESENT? (Yes/No) Yes V. FACILITY DESCRIPTION (Include building name, number and floor or room number) III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Rovation E=Emer. Renovation) Religing. Name: Building 10 : Engineering 2nd Floor Address: Buffington Street City: Watervliet State; NY County: Albany Site Location: Building 10 Engineering Offices and hallway, within the Watervliet Arsenal Building Size: 60,000 # of Floors: 4 Age in Years: 65 Present Use: Mix Use (office, warehouse, etc.) Prior Use: Mix Use (office, warehouse, etc.) Prior Use: Mix Use (office, warehouse, etc.) Nontriale Assestos Material Not To Baremoved Assestos Material Not To	REMOVAL CONTRACTOR: Greenleaf Environmental Services, LLC								
Tel: 585-319-5608	Address: 277 North Winton Roa	ad				•			
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Address: Zip: State: Zip: State: Zip: State: Zip: State: State: Zip: State: State: Renovation Renovation Renovation Present Seal State: Renovation	Contact: Geoffrey Smith					Tel: 585-319-56	808		
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Complete.	Vol RACM Off Facility Component						CuFt:	Cu M:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/2/16 Complete: 5/13/16	VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/2/16 Complete: 5/13/16								

Y DESCRIPTION OF BLANNED DEMOLITION OF BENOVAT	TON WORK	AND METHOD	OV TO BE HOLD				
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Manual removal of Carpet & ACM Flooring (VAT), within negative pressure containment with wet methods.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERIN DEMOLITION OR RENOVATION SITE:	200						
Remote Decontamination unit, negative pressure	containm	ent and wet n	nethods				
XII. WASTE TRANSPORTER #1		1300					
Name: Action Waste							
Address: P.O. Box 181							
City: West Sand Lake							
Contact Person:		Tel: 518-788-6726					
WASTE TRANSPORTER #2							
Name: County Waste							
Address: P.O. Box 431		***					
City: Clifton Park	State: NY		Zip: 12065				
Contact Person:			Tel: 518-877-2364				
XIII. WASTE DISPOSAL SITE							
Name: County Waste							
Address: P.O. Box 431							
City: Clifton Park	State: NY		zip: 12065				
Tel: 518-877-2364							
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	CY, PLEAS	E IDENTIFY THE	AGENCY BELOW:				
Name: Title:							
Authority:							
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):							
XV. FOR EMERGENCY RENOVATIONS:							
Date and Hour of Emergency (MM/DD/YY):							
Description of the sudden unexpected event:							
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Regulate/Isolate the area, identify materials and perform incidental cleanup activities.							
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Signature of Owner (Operator)) (Date)							
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRI (Signature of Owner/Operator)	ECT:		4/13/16 (Date)				

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